

In-Kind Donation Request Form

Please note that applications may take up to 90 days to review following the deadline date. We will contact you once your proposal has been considered and a determination has been made.

Please provide us with the following organization information:				
Organization Name:				
Also Known As:				
Address:				
City:	State:	Zipcode:		
Website Address:				
Tax ID Number:				
Main Office Phone Number:				
Fax Number:				
Tax Code:				
Formation Date:				
Organization's Fiscal Year Star	t/End Date:			
CEO/Executive Director:				
Phone Number:				
Email:				
Primary Contact:				
Phone Number:				
Email:				
Organization's Mission:				

Organization's History:			
Concise summary of the primary activities of the organization:			
Organization's Service Area:			
Legal Entity Form:			
	Additional Descriptive Information hity services organization, tribal government, city or state agency, private operating foundation,		
	, public school-charter/charter organization, faith-based organization, or other entity:		
Affiliation - Please list any Sob	oba Tribal Member and/or Soboba Employee who is affiliated		
with the organization & may be	e contacted regarding the organization, if applicable:		
Representation – Please list an	y Soboba Tribal Member and/or Soboba Employee who serves		
on the organization's board of directors, if applicable:			
Please provide us with t	he following information about the event for which		
you are	seeking an in-kind sponsorship for:		
Project Title:			
Request Type (advertising,			
items, etc):			
Amount of Request:			
Project Start Date:			
Project End Date:			
Description of Population Served:			
Number to be Served:			

Primary Age Group:				
Ethnicities Served – Must Total 100 %				
American Indian	Inicities Serveu – Wast 1	Otal 100 /6		
African American				
Hispanic/Latino				
Asian/Pacific Islander				
Caucasian				
Other				
% of Veterans Served				
Describe the activity for which	in-kind sponsorships are	being sought:		
Describe the goals and objective	es of the proposed activ	rity:		
List the sources of funding for t	the project and describe	the means by which the project will be		
financially sustained in the futu		the means by which the project will be		
Infancially sustained in the future.				
Have you applied for sponsorships with any other entities of the Soboba Band of Luiseño				
Indians during the past year? If yes, which entity?				
How did you learn about our grant program?				